IMPLEMENTING OUR STRATEGIC PLAN: ACTIVITIES AND ACCOMPLISHMENTS IN FISCAL YEAR 2013

At HRSA it is important to align our work with the goals we want to achieve on behalf of the people we serve….Our Strategic Plan supports the mission of the Department of Health and Human Services to help provide the building blocks that Americans need to live healthy, more productive lives.

− HRSA Administrator Mary K. Wakefield, PhD, RN

The Health Resources and Services Administration (HRSA) is the primary federal agency for improving access to health care services for many millions of Americans who are medically underserved. Carrying out this vital role as the nation's access agency is guided by HRSA's mission, which is *to improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs.* This mission supports the vision of "Healthy Communities, Healthy People" as articulated in HRSA's Strategic Plan for Fiscal Years 2010-2015. The Plan sets forth four mission-critical goals:

Goal I: Improve Access to Quality Health Care and Services
Goal II: Strengthen the Health Workforce
Goal III: Build Healthy Communities
Goal IV: Improve Health Equity

The Strategic Plan, which also identifies sub-goals and outlines operating principles that guide HRSA in carrying out its work, is provided in the Appendix.

This report provides information on many of the key actions taken and accomplishments realized during fiscal year (FY) 2013 as HRSA worked toward achieving its Strategic Plan goals, including actions related to the implementation of the Affordable Care Act. The report also includes key achievements related to the agency's operations that support attainment of HRSA's goals.

Like its predecessor report on FY 2011 accomplishments[1] this report is not a depository of all HRSA accomplishments; instead, it provides highlights of signally illustrative actions and achievements that demonstrate the strong collaborations and partnerships with communities, states, non-profit organizations, and other stakeholders that make advancements toward achieving HRSA's vision, mission, and goals possible.

[1] *Implementing Our Strategic Plan* (FY 2011) http://www.hrsa.gov/about/strategicplanimplementation.pdf

WHAT HRSA DOES: OVERVIEW OF PRINCIPAL PROGRAMS

Our programs and our efforts are designed to…address challenges head on, whether by getting thousands of people off waiting lists for HIV/AIDS drugs, to launching new efforts to increase organ donations, or by clearly documenting the disconcerting trends in rural population health status versus their urban counterparts, or by working to improve the primary care workforce landscape.

− HRSA Administrator Mary K. Wakefield, PhD, RN

HRSA has an annual budget of approximately $10 billion, operates over 80 different programs, and awards more the 10,000 grants and supplements to approximately 3,000 partners. Comprising five bureaus and ten offices, HRSA provides leadership and financial support to health care providers, health professions schools, local health systems, states, and other entities throughout the U.S. and its territories. HRSA's principal programs are described below.

Health Center Program—Funds nearly 1,300 grantees to provide dependable, high-quality primary and preventive care at over 9,200 clinical sites that serve nearly 22 million patients regardless of their ability to pay, forming a major part of the nation's healthcare safety net.

Ryan White HIV/AIDS Program—Supports 900 grantees in providing top-quality health care to more than half a million people living with HIV, representing more than 58 percent of persons with HIV infection in the United States. The Program also supports access to life-saving drug treatment regimens for low-income, underinsured, and uninsured people with HIV.

National Health Service Corps—Provides scholarships and loan repayments to encourage primary care and other clinical care providers to serve in health professional shortage areas, addressing the scarcity of health professionals in needy communities.

Health Workforce Training Programs—Give financial support to educational institutions and healthcare delivery sites for training and curriculum development, and for scholarship and loan repayment for health professions students and faculty to support a diverse workforce that is technically skilled, culturally appropriate, and suited for a contemporary practice environment that includes interprofessional team-based care.

Maternal and Child Health Block Grant Program—Provides grants to 59 states and U.S. jurisdictions to support health systems infrastructure development, public information and education, screening and counseling, and other services (including direct care services as payer of last resort) that annually reach more than 41 million women, infants, children, and children with special health care needs.

Rural Health Policy Program—Advises the Department of Health and Human Services on health policy issues impacting health care finance, workforce, and access to care in rural areas. Also runs state- and community-based grant, technical assistance, and telehealth programs that work to build capacity in rural communities and help meet the health needs of rural residents.

Other HRSA Programs - HRSA oversees or supports many other activities that are critical to the nation's health and well-being, including: the national network of poison control centers; the federal organ procurement and allocation activities; the National Vaccine Injury and Countermeasures Injury Compensation Programs; the 340B Drug Pricing Program; the Maternal, Infant, and Early Childhood Home Visiting Program; Hansen's Disease treatment, training, and research programs; and the National Practitioner Data Bank that helps protect against health care fraud and abuse. HRSA is also responsible for the federal designation of Health Professional Shortage Areas and Medically Underserved Areas/Populations.

AFFORDABLE CARE ACT EDUCATION AND OUTREACH ACTIVITIES

…the gaps in access to timely health care, predicated in large part on a rising tide of uninsured in this country, clearly pointed to the need to…ensure the availability of health insurance coverage that could guarantee access to health care, and provide a clearer shot at getting or staying healthy for individuals, families and communities across the nation.

− HRSA Administrator Mary K. Wakefield, PhD, RN

The Affordable Care Act (ACA) is improving health care access, affordability and quality for many of the populations HRSA serves. To advance each of its strategic goals, HRSA has focused on supporting grantees' ACA-related outreach and enrollment efforts to increase the number of persons with health insurance and Medicaid coverage, as well as engaging with grantees and other stakeholders to widely disseminate information about the benefits of ACA.

Examples of HRSA's outreach and enrollment activities in FY 2013 include the following:

- HRSA Bureaus and Offices completed over 1,000 ACA outreach and enrollment activities to help ensure that underserved populations received assistance in securing coverage. HRSA utilized existing outreach outlets such as listservs, technical assistance centers and calls, websites, social media, webinars, and conferences to provide resources to approximately 40,000 HRSA staff, grantees, and stakeholders.

- The Bureau of Primary Health Care awarded $150 million to nearly 1,160 grantees in FY 2013 to expand health centers' activities to facilitate enrollment through Health Insurance Marketplaces, Medicaid, or the Children's Health Insurance Program. As a result of this investment, through the end of June 2014, health centers reported supporting more than 16,000 trained outreach and enrollment assistance workers and assisting more than 6 million people in their efforts to become insured.

- HRSA awarded $1.3 million in funding to 52 Rural Health Outreach program grantees in 32 states to focus on outreach, education and enrollment efforts. As of April, 2014 these grantees trained 236 certified application counselors and over 2,000 general educators to educate residents in rural areas about insurance coverage options, and reached more than 43,800 rural residents through outreach and education events. As a result of these efforts, 9,287 rural residents obtained insurance coverage. In addition, 10 of the 52 grantees reported that this funding helped to leverage an additional $1.3 million to promote the ACA.

- HRSA partnered with the Delta Regional Authority[2] to provide Health Insurance Marketplace information and enrollment assistance to roughly 15,000 patients receiving services through the Department of Defense Delta Innovative Readiness Training program.

- HRSA awarded $2 million of the Secretary's Minority AIDS Initiative funds for "Supporting the Continuum of Care: Building Ryan White Program Grantee Capacity to Enroll Eligible Clients in Affordable Care Act Health Coverage."

- HRSA released the *Provider Marketplace Toolkit* that includes a range of resources and materials that clinicians and health care administrators can use to learn more about the Marketplace and educate patients and the community about coverage options available in their state. (www.hrsa.gov/affordablecareact/)

- HRSA hosted a webcast, "Potential Impact of the Affordable Care Act on Safety-Net Providers in 2014" that was viewed by over 1,400 HRSA staff and grantees.

HRSA continues to engage in efforts to reach a broad audience with information and assistance related to the ACA. In addition to outreach and enrollment activities, HRSA has and will continue to work to inform the development of ACA regulations and Department initiatives. Moving forward HRSA will focus on retaining newly insured individuals in coverage and increasing uptake in the use of preventive health care services available as a result of the ACA.

[2] The Delta Regional Authority was authorized by Congress in 2000 to enhance economic development and improve quality of life for residents of the Delta region.

GOAL I
IMPROVE ACCESS TO QUALITY HEALTH CARE AND SERVICES

Tens of millions of Americans get affordable, quality health care and other help through HRSA's 80-plus programs and more than 3,000 grantees.

− HRSA Administrator Mary K. Wakefield, PhD, RN

Key Measure

Number of patients served by health centers

Providing high-quality, comprehensive preventive and primary health care services in the nation's underserved communities, HRSA-funded health centers served 21.7 million persons in FY 2013, 2.2 million more than the number served in FY 2010. This growth was accomplished by providing operational support for health center new access points, expanding service capacity at existing health centers, and constructing/modernizing health center sites. One of every 15 people living in the U.S. relies on a HRSA-funded health center for primary care, including 1 in 4 people with incomes below the Federal Poverty Level. Health centers will continue to provide high quality affordable and comprehensive primary care services to uninsured and insured individuals in medically underserved communities as insurance coverage expands.

Health Center New Access Point Grants. In FY 2013 HRSA made significant investments in expanding primary care capacity by awarding nearly $20 million to establish 32 new full-time health center access points to provide preventive, primary care, oral health care, and behavioral health services to an additional 200,000 medically underserved individuals. The awards process prioritized applicants proposing to serve communities with unmet need in high poverty areas and sparsely populated areas.

School-Based Health Center Grants. HRSA awarded 197 school-based health center capital improvement awards (totaling more than $80 million in ACA funds) for grantees to build new facilities and modernize current sites to improve service delivery and support the expansion of services at school-based health centers, enabling them to serve an additional 384,000 students. Ninety-two (92) of the awards included at least one project associated with oral health and 139 had projects associated with behavioral health.

Patient-Centered Medical Homes. At the end of FY 2013 33 percent of health centers had at least one site that had received recognition by a national accrediting body as a Patient-Centered Medical Home (PCMH), up from 13 percent in FY 2012. More than 975 health center grantees had initiated surveys to become recognized as PCMHs, exceeding the target of 460 centers. The PCMH model is designed to improve quality of care through better care coordination, team-based care, treating multiple needs of patients simultaneously, and empowering patients to be partners in their own care. HRSA developed a national training and technical assistance program with internal HHS partners as well as outside foundations and national/state Primary Care

Associations to address the key barriers to the transformational change required by health centers to become a PCMH.

Health Information Technology. To improve quality of care the Health Center Program has encouraged and supported the adoption of electronic health records by health center grantees. In FY 2013 88 percent of health centers had fully adopted electronic health records, up from 80 percent in the previous year. Supporting this advance, HRSA awarded approximately $21 million for 43 Health Center Controlled Network (HCCN) grants for the adoption and meaningful use of certified electronic health records technology and technology-enabled quality improvement strategies. Approximately 750 health centers participate in HCCNs. In December 2013, HCCNs reported that 10,342 eligible providers participated in the meaningful use of certified health information technology, a one year increase of approximately 14.5 percent.

HIV/AIDS Services. HRSA awarded more than $2.2 billion in FY 2013 for the provision of HIV/AIDS and related services through the Ryan White HIV/AIDS Program (RWHAP) whose grantees provided at least one RWHAP-funded service to more than 500,000 individuals. Based on CDC estimates, the RWHAP serves more than 58 percent of people diagnosed with HIV in the U.S. HRSA estimates that this funding supported more than: (1) 2.28 million visits provided through HIV Emergency Relief Grants, (2) 2.04 million visits provided through HIV Care Grants to States, (3) 288,000 persons served through HIV Early Intervention Services Grants, and (4) 66,000 female clients served through HIV Women, Infants, Children and Youth Program Grants. In addition, the Ryan White Program supported the provision of HIV-related medications to more than 244,000 persons through the AIDS Drug Assistance Program (ADAP), the nation's prescription drug safety net for persons living with HIV. Support for ADAP plus the provision of technical assistance on cost-containment measures helped decrease ADAP waiting lists from 9,310 in 2011 to zero (0) by November 2013. Medication treatment of HIV- infected persons is particularly important to public health because viral suppression greatly reduces the possibility of transmission of the disease.

Rural Health Care Services. HRSA's rural community-based grant programs, including the Rural Health Care Services Outreach, Delta States Network, and Small Health Care Provider Quality programs, provide demonstration grants designed to increase access to health care in rural communities and improve coordination and integration of care with a focus on quality improvement. In FY 2013 HRSA made 113 awards in the amount of approximately $20.6 million to these grantees. HRSA provides technical assistance to grantees on the development and implementation of a sustainability plan. Data indicate that 98 percent of the most recent cohort of grantees will continue to provide services after their federal grant ends. Further, HRSA awarded $900,000 in FY 2013 through the Flex Rural Veterans Health Access Program to grantees in states with a high percentage of rural veterans. These grantees focus on increasing the delivery of mental health and other services to meet the needs of veterans and enhance crisis intervention services through telehealth technologies. These services will enable health providers to coordinate care across long distances to detect and treat post-traumatic stress disorders, traumatic brain injury, and other injuries. As of October 2014, the Flex Rural Veterans Health Access Program had supported telehealth service delivery at 72 sites and provided services to 438 rural veterans.

Other Actions and Accomplishments in FY 2013

- Nearly 70 percent of HRSA-funded health centers provided mental health treatment or counseling services through over 5,600 mental health care providers that reached over 1.1 million people. Approximately 36 percent of Health Center Program grantees provided substance abuse counseling and treatment services. HRSA supported efforts to better integrate behavioral health services and primary care services through care models such as the co-management of patients by behavioral health and medical care providers.

- HRSA made 15 awards totaling over $6.6 million to Black Lung Clinics to provide for the outreach and education, diagnosis, treatment, rehabilitation, and benefits counseling of active and retired coal miners and others with occupation-related respiratory and pulmonary impairments. These clinics served 13,761 miners, an increase of more than 1,300 over the previous year.

- 6,780 health care providers who volunteer their time in over 220 free clinics nationwide received federal malpractice coverage through the Free Clinics Medical Malpractice Program, representing an increase of more than 1,300 over the number in FY 2011.

- More than 41,000 persons living with HIV (PLWH) had access to oral health care through: (1) the HIV/AIDS Dental Reimbursement Program that reimburses dental education programs for the non-reimbursed costs they incur in providing care to PLWH, and (2) the Community-Based Dental Partnership Program that supports collaborations between dental education programs and community-based partners to deliver services in community settings while training students and residents enrolled in accredited dental education programs.

- HRSA encourages rural Critical Access Hospitals (CAHs) to report on a set of quality measures and use the results of the data to improve quality of care and outcomes for patients. More than 87 percent of CAHs voluntarily reported at least one quality measure to CMS' Hospital Compare, up from 63 percent in FY 2006. The data, posted on the Hospital Compare website, is a key part of the Department of Health and Human Services' ongoing efforts to increase transparency in the health care system.

GOAL II
STRENGTHEN THE HEALTH WORKFORCE

Another key part of the access challenge is making sure we have the right mix of providers on the ground and that they are well prepared to provide high-quality care….Achieving equity in access to quality health services begins with having a healthcare workforce in local communities that is committed to, and capable of, delivering culturally competent care.

– HRSA Administrator Mary K. Wakefield, PhD, RN

Key Measure

Field strength of the National Health Service Corps

The National Health Service Corps (NHSC), which supports clinicians who work in underserved communities in exchange for educational loan-repayment or scholarship assistance, had a field strength of almost 9,000 clinicians in FY 2013. Racial/ethnic minorities constituted nearly one-third of these clinicians. The primary care needs of over 9.3 million patients were served through NHSC health professionals at 5,100 approved sites in urban, rural, and frontier areas across the country. More than 45,000 primary care medical, dental, mental and behavioral health professionals have served in the NHSC since its inception. A FY 2013 survey showed that 85 percent of NHSC clinicians still work in underserved communities up to two years after their service commitment is complete.

Workforce Distribution

National Health Service Corps (NHSC) Loan Repayment Program. In FY 2013 2,106 new and 2,399 continuation awards, totaling approximately $169.7 million in ACA funds, were made through the NHSC Loan Repayment Program. The Program continued to award higher loan repayment amounts to those providers who serve in areas of greatest need (i.e. with Health Professional Shortage Area scores of 14 or higher).

NHSC Students-to-Service Program. HRSA awarded $9.3 million in ACA funding to 78 medical students through the Students-to-Service Program that provides loan repayment assistance to medical students in their last year of school. In exchange for this assistance, awardees will provide three years of service in an underserved community upon completing a primary care residency.

Tribal NHSC Sites. The NHSC reached record levels of participation by Tribal facilities. As of September 30, 2013, the NHSC supported 373 clinicians serving in Tribal facilities. Additionally 621 Tribal clinical sites were eligible to offer loan repayment to eligible clinicians, up from 494 sites in 2011. HRSA provided technical assistance to the Indian Health Service and Tribal sites to enhance recruitment of providers and ensure their success in utilizing the National Health Service Corps program. In April 2013 HRSA held its first Virtual Job Fair focused solely on helping NHSC-approved Indian Health Service health clinics and Tribal Clinics to promote open vacancies.

NHSC and Critical Access Hospitals. HRSA continued to build on previous efforts to expand the number of rural Critical Access Hospitals (CAH) leveraging the HRSA workforce loan repayment programs. By the end of FY 2013, 176 CAHs were eligible NHSC service sites and 37 CAH clinicians were receiving loan repayments**.**

NURSE Corps Loan Repayment Program. The NURSE Corps Loan Repayment Program repays qualifying educational loans for registered nurses and advanced practice nurses who work full-time in a health care facility with a critical shortage of nurses. In FY 2013 HRSA made new and continuation loan repayment awards totaling $46.7 million to 1,186 nurses. Eighty-four percent (84 percent) of these nurses were serving in critical shortage facilities with highest need (i.e. Health Professional Shortage Area scores of 14 or above). At the end of FY 2013 the NURSE Corps field strength, including both NURSE Corps scholars and loan repayment awardees, numbered more than 2,500 nurses.

NHSC and NURSE Corps Scholarships. The NHSC and NURSE Corps programs offer scholarships to health professions students in exchange for awardees' commitments to serve in underserved communities/facilities upon completion of training. This provides a diverse pipeline of future clinicians who will be available to help meet the health care needs of underserved populations. The NHSC Scholarship Program made 196 new and continuation awards totaling $39.8 million in FY 2013. The NURSE Corps Scholarship Program issued 260 awards in FY 2013 totaling $22.3 million.

Rural Health Providers. HRSA supports a national Rural Recruitment and Retention Network that includes State Offices of Rural Health and other state partners who work to link rural healthcare practice sites in need of a provider with clinicians seeking to practice in rural areas. In FY 2013 the Network helped place 1,619 clinicians.

Workforce Training

Teaching Health Centers. In FY 2013 HRSA's Teaching Health Center Graduate Medical Education Program, established by the ACA, significantly expanded support for residency training in primary care medicine and dentistry in community-based ambulatory care settings. The number of awardees increased from 11 approved residency programs in FY 2011 to 44 in 21 states in FY 2013. Over 325 resident FTEs were supported in Academic Year (AY) 2013-2014, an increase from 143 FTEs among 23 approved programs in AY 2012-2013. Twenty-three percent (23 percent) of the residents in funded programs are from disadvantaged backgrounds and 20 percent have a rural background.

Nursing Workforce Development. HRSA funded nearly $140 million in FY 2013 for its Nursing Workforce Development training programs that bolster nursing education at all levels, from entry-level preparation through the development of advanced practice nurses and continuing education. These programs also support training of nursing assistants and personal and home care aides, and prepare faculty to teach the nation's future nursing workforce.

Primary Care Expansion Programs. In FY 2013 HRSA's primary care expansion programs used ACA funding to support the training of 504 physicians, 458 physician assistants, and 623 nurse practitioners and nurse midwives. The number of primary care providers who completed their education in FY 2013 included: 156 physicians, 157 physician assistants, and 424 nurse practitioners and nurse midwives.

Interprofessional Education and Practice. In FY 2013 HRSA provided important leadership for interprofessional education and practice, including: (1) integrating interprofessional education and practice into five key HRSA Funding Opportunity Announcements, (2) collaborating with private foundations to support the National Center for Interprofessional Practice and Education to develop research and evaluation models, and (3) working with the Agency for Healthcare Research and Quality and stakeholders to establish metrics to use in assessing interprofessional, team-based practice.

Veterans' Training. HRSA developed a new grant funding opportunity to support veterans' transition to nursing through the Veterans' Bachelor of Science Degree in Nursing (VBSN) Program, expecting to support training of approximately 1,000 veterans over four years. HRSA awarded $2.8 million for this program in FY 2013. Award recipients recruit veterans, identify ways to incorporate their military medical experience into their training, and prepare VBSN students for practice and employment in local communities. The award recipients also provide academic and social supports, career counseling, mentors, and linkages with veteran service organizations and community health systems**.**

Oral Health Care Training and Development. To increase access to oral health care, HRSA made 55 awards totaling $20.1 million in FY 2013 through its Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene Program to dental schools and other training entities to plan, develop, operate, or participate in approved professional training programs. HRSA also made 24 awards totaling $10.5 million through the State Oral Health Workforce Improvement Program to help states develop and implement innovative programs to address the dental workforce needs of designated Dental Health Professional Shortage Areas.

Children's Hospitals Graduate Medical Education (CHGME) Payment Program. In FY 2013 HRSA provided CHGME payments to 54 freestanding children's hospitals that had approximately 6,000 FTE residents/fellows in training. Residency training in these hospitals focused on primary care as well as medical and surgical subspecialties. Total FY 2013 funding for the CHGME program was approximately $251 million.

Other Actions and Accomplishments in FY 2013

- HRSA awarded $4.4 million to15 states through its Rural Health Information Technology Workforce Program to recruit and train current healthcare staff, rural veterans, and others to meet the technology needs of rural hospitals and clinics. Community colleges work with local rural health care providers to develop health information technology programs whose students gain electronic health record technology certification, apprenticeship training, and the opportunity for employment in rural hospitals and clinics. In the Program's first year of operations, grantees are training 345 health IT students to earn either a Health IT certificate or Associate Degree with graduation expected in 2015.

- As part of the Administration's Improving Rural Health Care Initiative, HRSA is increasing residency training in rural communities by expanding the use of the Rural Training Track (RTT) model. RTTs are family medicine residency programs with a focus on training physicians who will practice in rural communities. Evidence indicates that 70 percent of the graduates of these programs practice in rural communities. In FY 2013 HRSA awarded a second round of funding to support this effort, which began in FY 2009. As of October 2014, there were 34 RTT family medicine residency programs.

- In FY 2013 the National Hansen's Disease Program (NHDP) provided information and training to 259 private-sector physicians on Hansen's disease, exceeding the 202 trained in FY 2012. Increasing knowledge about Hansen's Disease in the U.S. medical community is expected to lead to earlier diagnosis and intervention, resulting in a decrease in Hansen's Disease-related disabilities.

- In FY 2013 HRSA's Division of Transplantation, through the Donation and Transplantation Community of Practice, provided three webinar series addressing topics for organ donation professionals, transplant professionals, and hospital staff. The webinar series—Get Connected, Support and Advocacy, and Transplant Center—produced over 20 webinars reaching 175-200 participants each.

- Between 2009 and 2013, HRSA's Autism Spectrum Disorders Program provided interdisciplinary training on early screening and diagnosis to over 6,000 pediatricians, behavioral developmental specialists and other healthcare providers, and continuing education to over hundreds of thousands more. Studies have shown that early screening, diagnosis, and intervention, and access to family-centered medical homes and coordinated community systems of care can improve care and outcomes for children with Autism Spectrum Disorders and their families.

- HRSA hosted or sponsored numerous other educational webinars, symposia and other learning sessions for health professionals. Example topics include: addressing domestic violence in home visitation settings, student-run health clinics that use interprofessional team care models, behavioral health learning series for rural primary care providers, the role that early life events play in an individual's health, and improving health care for Lesbian, Gay, Bisexual, and Transgender individuals and families.

Health Workforce Analysis

National Center for Health Workforce Analysis (NCHWA). This Center, established by the ACA, collects and analyzes health workforce data in order to provide policy makers, planners, educators, researchers, and the public with information on health workforce supply and demand. The Center also evaluates the effectiveness of workforce policies. Among its activities in FY 2013, the NCHWA: (1) developed new workforce projection models including a model for projecting the supply and demand for physicians, advanced practice nurses and physician assistants by specialty, (2) awarded a cooperative agreement to provide technical assistance on the collection and analysis of health workforce data to stakeholders such as local and state governments to increase the capacity for health workforce-related analysis, and (3) prepared and provided to members of Congress a report titled "U.S. Nursing Workforce: Trends in Supply and Education."

GOAL III
BUILD HEALTHY COMMUNITIES

After all, we all know that an individual's health is greatly influenced by the overall health of the community in which that individual resides.

− HRSA Administrator Mary K. Wakefield, PhD, RN

Key Measure

Number of children served by the Maternal and Child Health Block Grant Program

The number of children served by the Maternal and Child Health Block Grant to states exceeded 34 million in FY 2013. Unique in its design and scope, the Maternal and Child Health Block Grant program is at its core a public health program that reaches across economic lines to improve the health of the nation's mothers, women, children and youth, including children and youth with special health care needs and their families. States have the flexibility to use their Block Grant funds to meet their most vital public health needs, as determined by the results of their on-going statewide needs assessments.

Maternal, Infant and Early Childhood Home Visiting Program. This program is an ACA-established and funded collaboration between HRSA and the Administration for Children and Families. It is designed to support evidence-based home visiting services in at-risk communities to women and families during pregnancy and to parents with young children up to age five. As of September 2013, the Home Visiting Program had provided nearly 670,000 visits to approximately 80,000 parents and children in at-risk communities in all 50 states, the District of Columbia, 5 territories, and 25 Tribes/tribal organizations.

Home Visiting Collaborative Improvement and Innovation Network. In FY 2013 HRSA awarded a grant to develop and implement a Home Visiting Collaborative Improvement and Innovation Network, a quality improvement initiative for grantees of the Maternal, Infant, and Early Childhood Home Visiting Program to enhance learning and action related to: (1) extending breastfeeding, (2) alleviating maternal depression, and (3) screening and service provision for developmental delays.

Infant Mortality Collaborative Improvement and Innovation Network. HRSA is working with public and private entities to support a Collaborative Improvement and Innovation Network (CoIIN) to reduce infant mortality. The Infant Mortality CoIIN is designed to facilitate collaborative learning and the adoption of proven quality improvement principles and practices among participating states to reduce infant mortality and improve birth outcomes. This CoIIN was launched in HHS Regions IV and VI in FY 2012 and the five strategy teams in these regions continue to work on reducing early elective deliveries, enhancing inter-conception care for women in Medicaid, promoting safe sleep, increasing perinatal regionalization, and increasing smoking cessation among pregnant women. In FY 2013 the Infant Mortality CoIIN was expanded to Region V. The four common strategy areas identified by the six States in Region V for their CoIIN are: social determinants of health, preconception health/interconception care, sudden infant death/sudden unexpected infant death/safe sleep, and early elective delivery.

Children with Special Health Care Needs. HRSA awarded $29.1 million in FY 2013 to 43 Leadership Education in Neurodevelopmental and Other Related Disabilities (LEND) programs to help improve the health of infants, children, adolescents, and young adults with neurodevelopmental and related disabilities, including autism spectrum disorders. LEND programs provide interdisciplinary graduate education to health professionals, conduct continuing education activities, provide technical assistance and consultation, and develop and disseminate educational materials. HRSA also awarded $4.9 million for 51 Family-to-Family Health Information Centers. This funding supported organizations run by and for families with children with special health care needs to ensure that families have access to adequate information about health care and community resources in order to make informed decisions about their children's care.

Healthy Weight Collaborative. HRSA concluded a successful Healthy Weight Collaborative to address childhood obesity using a breakthrough series learning collaborative model. The Collaborative, funded by the ACA, involved 49 teams across the country comprised of representatives from primary care, public health, and the community. The teams implemented, tested, and disseminated evidence- and experience-based interventions in primary care and public health settings to prevent and treat obesity. Many teams implemented community-wide healthy weight screenings and follow-up services. Many also adopted environmental and organizational policies promoting healthy weight. The learnings from the Collaborative on promising practices for childhood obesity prevention and treatment are being widely shared.

Public Health and Primary Care. In FY 2013 HRSA participated in a national advisory committee to help develop the *Practical Playbook: Public Health. Primary Care. Together*. The *Playbook* promotes increased collaborations between primary care and public health groups by guiding users through the stages of integrated population health improvement. The *Playbook*, which was launched in March 2014, provides helpful resources such as success stories from across the country, lessons-learned from existing collaborations, and guidance from subject matter experts.

Continuum of HIV Care. HRSA released data on the continuum of HIV care in the Ryan White HIV/AIDS Program (RWHAP). The continuum of HIV care focuses attention on health care services delivery at critical points in engagement in HIV care, with viral load suppression as a key goal to improve individual health outcomes and reduce HIV transmission. These data show that the majority of patients receiving medical care funded by the RWHAP are virally suppressed and that rates of retention in care (82 percent) and viral load suppression (75 percent) among

RWHAP clients are high compared to CDC's nationwide estimates of the continuum of care for all people with HIV. These achievements help forward the goals of the National HIV/AIDS Strategy and improve individual and public health.

Oral Health Improvement. In FY 2013 HRSA promoted systems changes to improve oral health for safety-net and other populations. These activities included the development of a report on the *Integration of Oral Health and Primary Care Practice* that focuses on promoting the oral health clinical competency of "frontline" primary care clinicians who are positioned to integrate a core set of oral health competencies, emphasize the primary care/oral health connection, and make timely dental referrals. The report was released in FY 2014 and led to a HRSA initiative to advance oral health/primary care integration in its health services and health professions programs.

Rural Community Health Gateway. Funded by HRSA as part of the President's Rural Health Care Initiative, the Rural Community Health Gateway is an online set of resources that includes evidence-based toolkits, literature reviews, and evidence-based program examples to help communities implement programs on topics such as: care coordination, community health workers, obesity prevention, and mental health and substance abuse. The Gateway was expanded in FY 2013 to include an oral health toolkit and the Rural Health Models and Innovations Hub that highlights best practice models, new ideas, and innovative program approaches.

Poison Control Program. HRSA provided nearly $17.7 million in support of the national network of poison control centers that respond to over 2.2 million poison exposures annually. HRSA also maintained a national toll-free number to ensure universal access to poison center services. Eighty-six percent (86 percent) of all calls to poison control centers came through the toll-free number in FY 2013. Studies have demonstrated that accurate assessment and triage of poison exposures by poison centers can save dollars by reducing severity of illness, eliminating or reducing the expense of unnecessary trips to an emergency department, and decreasing a patient's length of stay in a hospital.

Organ Donation. HRSA provides for a national system, the Organ Procurement and Transplantation Network, to allocate and distribute deceased donor organs to individuals waiting for an organ transplant. In FY 2013 25,155 deceased donor organs were transplanted, 1.6 percent above the number in FY 2012. The annual conversion rate of eligible donors to actual donors was 71 percent in FY 2013, a 36.5 percent improvement from a decade earlier. To encourage organ donation, HRSA maintains the organdonor.gov website that provides information to the public on how to sign-up to become an organ donor. HRSA launched a mobile version of this website in April 2013 and also grew its organdonor.gov Facebook page from 1,219 to 59,984 followers. The second phase of a Hospital Campaign, a component of HRSA's Workplace Partnership for Life initiative that supports hospitals in raising awareness among their employees of the need for organ donation, resulted in 205,405 donor registrations nationally. This success can largely be attributed to HRSA's partnerships with the American Hospital Association and nine other national organizations.

340B Drug Pricing Program. The 340B Drug Pricing Program, administered by HRSA, requires drug manufacturers to provide discounts to a specified set of health care entities (i.e. covered entities) identified in statute. At the end of FY 2013, approximately 11,000 unique organizations with approximately 12,000 associated sites were enrolled in the 340B Drug Pricing Program. Covered entities include HRSA-funded health centers, HIV/AIDS care providers, and rural hospitals, as well as a wide variety of other safety-net providers not directly supported by HRSA. In FY 2013 covered entities saved an estimated $3.8 billion on their outpatient drug expenditures by participating in the 340B program.

Other Healthcare Systems Supports. In FY 2013 HRSA supported other healthcare infrastructure and systems development by awarding: (1) approximately $5.2 million for 21 grants to states to support the development and implementation of statewide systems that ensure access to comprehensive and coordinated traumatic brain injury services, (2) $15.9 million in grants and supplements to 57 states/territories and one technical assistance center to support universal newborn hearing screening programs for the testing, evaluation, and referral of children with potential hearing problems, (3) $17.6 million in 78 grants and cooperative agreements to states/territories and other entities for improving the pediatric components of emergency medical care systems, and (4) $11.5 million to 40 grantees to increase access to care via telehealth services through the Telehealth Network Grant Program and other programs.

Women's Health. HRSA published the *Women's Health USA 2013* chart book, the twelfth edition in this series. New topics in this edition include: violence against women, HIV/AIDS, women veterans, women served by community health centers, lesbian and bisexual women, and immigrant women.

Employment. HRSA contributes to the well-being of communities by supporting the national network of health centers that provide employment opportunities in local communities. In FY 2013 HRSA-funded health centers employed more than 156,000 full-time-equivalent staff, including both clinical and non-clinical personnel. This was an increase of almost 44,000 over employment levels since the beginning of 2009. Further, HRSA continued its partnership with the National Association of Community Health Centers to help health centers hire veterans. The Health Centers Program reported in April 2013 that, in the last year, approximately 10 percent of the new hires in health centers were veterans.

GOAL IV
IMPROVE HEALTH EQUITY

HRSA works to bring greater fairness and equity to health care by providing needed services to the most underserved among us.

− HRSA Administrator Mary K. Wakefield, PhD, RN

Key Measure

Number of adult volunteer potential donors of blood stem cells from minority race and ethnic groups

In FY 2013 3.05 million adult potential donors of blood stem cells from minority race and ethnic groups were listed on the donor registry according to the C.W. Bill Young Cell Transplantation Program. This compares to 2.88 million in the previous year and up from 2.46 million in FY 2010. Increases in potential donors of minority race and ethnicity will lead to more minority patients receiving unrelated donor cell transplants, ensuring equitable access to this potentially life-saving treatment.

Addressing Health Disparities. Despite serving a population that is often sicker and more at risk than seen nationally, HRSA-funded health centers are making significant progress on improving the health of their patients by targeting clinical conditions where significant health disparities exist nationally. For example, in 2013:

- The rate of low birth weight babies born to health center patients was 7.29 percent, an improvement from 7.6 percent in 2008 and below the national average of 7.99 percent;
- The rate of health center patients entering prenatal care in the first trimester was 71.6 percent, an improvement from 64.8 percent in 2008, and higher than national estimates of 70.8 percent;
- Sixty-three percent (63 percent) of health center patients with hypertension had their blood pressure controlled, exceeding the national average of 48.9 percent;
- Nearly 69 percent of health center patients with diabetes had hemoglobin A1c levels equal to or below nine percent, exceeding the Medicaid HMO average of 55.3 percent;
- Seventy-six percent (76 percent) of health center patients age three and under had received appropriate childhood immunizations, exceeding the national average of 68.5 percent.

Further, through active performance management, 99.6 percent of health centers met or surpassed Healthy People 2020 goals for at least one clinical measure, exceeding the target of 90 percent.

Healthcare Workforce Diversity. Increasing diversity of the healthcare workforce is an evidence-based strategy to reduce health disparities. HRSA's workforce programs provide critical support for a diverse workforce, as 45 percent of graduates and completers of HRSA-funded health professions training programs are underrepresented minorities and/or from disadvantaged backgrounds. In addition, in FY 2013, racial/ethnic minorities constituted nearly one-third of the 8,900 clinicians serving in the National Health Service Corps (NHSC). African American physicians represented 17.8 percent of NHSC physicians and Hispanic physicians represented 15.7 percent of the NHSC physicians (well above their 6.3 percent and 5.5 percent, respectively, in the physician workforce nationally).

Minority-Focused Institutions of Higher Education. In FY 2013 HRSA awarded more than $61 million to institutions of higher learning that focus on serving minority race and ethnic populations, recognizing the significant role these institutions play in helping advance HRSA's health equity goal. Funds were disbursed as follows: nearly $28 million for Historically Black Colleges and Universities, approximately $139 thousand to Predominantly Black Institutions, $23.1 million for Educational Excellence for Hispanics, $8.2 million for Asian American and Native American Pacific Islander Serving Institutions, and $1.6 million for Tribal Colleges and Universities and American Indian/Alaska Native Serving Institutions. These funds supported student scholarships, traineeships, other tuition supports, and loan repayment awards to individuals at these institutions. In addition, the funds were used to support faculty development, research, targeted service delivery, and health system-related infrastructure development.

Ryan White Minority AIDS Initiative. An appropriation of $169 million in FY 2013 for the Minority AIDS Initiative (MAI) allowed HRSA to address the disproportionate impact of HIV/AIDS on communities of color. In FY 2013 HRSA had six MAI-funded projects. Among these were projects whose purposes were to: (1) increase the capacity of community health centers and other clinical settings to diagnose and treat hard-to-reach racial and ethnic minorities with HIV residing in rural and underserved areas, (2) use text messaging to improve retention in care and medication adherence rates of HIV-positive racial and ethnic minority youth and adults in southern states and in metropolitan areas with a high burden of HIV infections, (3) use a community-level, public health approach to increase rates of linkage, engagement, and retention in care among HIV-positive persons who have never entered care and to reengage those who have dropped out of care, and (4) support a variety of mechanisms to increase the proportions of HIV-positive youth who are linked to care, engaged in care, and retained in care.

National HIV/AIDS Strategy. The National HIV/AIDS Strategy provides a roadmap to move the nation forward in responding to the domestic HIV epidemic. The goals are to reduce new HIV infections, increase access to care, improve health outcomes for people living with HIV, and reduce HIV-related disparities and health inequities. In addition to other activities, HRSA addressed these goals in FY 2013 by funding, for example: (1) five accredited schools/programs to train faculty that teach HIV/AIDS-related subject matter to nurse practitioner and physician assistant students, (2) four Ryan White Program Part D grantees and an AIDS Education and Training Center (AETC) to train outreach workers in motivational interviewing and evaluate the impact on outcomes for HIV-infected youth, and (3) eleven grantees and an evaluation center to assess innovative culturally appropriate service delivery models of outreach, access to care, and retention among HIV- infected Latino/a populations**.**

Lesbian, Gay, Bisexual and Transgender (LGBT) Populations. HRSA has a National Cooperative Agreement with the National LGBT Health Education Center to help health centers improve the delivery of health care services to LGBT populations through training and technical assistance. Trainings presented in FY 2013 by the National LGBT Health Education Center included "Optimizing LGBT Health Under the Affordable Care Act." Publications produced in FY 2013 under this cooperative agreement include: (1) *Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-line Health Care Staff,* and (2) *Do Ask, Do Tell: Talking to Your Provider About Being LGBT.*

Cultural Competency. The HRSA-supported Vermont Regional Chaplain Valley Area Health Education Center published an updated version of *Cultural Competency in Health Care Professionals* manual, a resource designed for health care providers to support understanding of how to best meet the health needs of a diverse population. The manual's special populations chapters include: racial and ethnic minority communities, refugees, LGBTQI (Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex) populations, migrant farm workers, and the elderly.

HHS Action Plan to Reduce Racial and Ethnic Health Disparities: In FY 2013 HRSA continued to implement HRSA-led and HRSA-supported items outlined in this HHS Action Plan, including: (1) enhancing information sharing and technical assistance for Historically Black Colleges and Universities, as well as other minority serving institutions to strengthen their capacity to participate in Federal programs, (2) working with other HHS agencies to improve data on minority health and services, and (3) improving through educational efforts the capability and cultural competence of clinicians to treat minority persons.

OPERATIONS

It's not only the work we do, but also how we do our work….With an eye to performance improvement, we want to work "smarter" using financial and human resources and harnessing technology to benefit the people we serve.

– HRSA Administrator Mary K. Wakefield, PhD, RN

Financial Management, Grant Making, Procurement. In FY 2013 HRSA obligated $7.85 billion in funds, including funds appropriated by the ACA. HRSA employs sound financial and risk management processes that are regularly reviewed and tested, ensuring effective and efficient financial operations, compliance with laws and regulations, and reliable financial reporting. Over 90 percent of HRSA funding is awarded through grants and contracts. In FY 2013 HRSA made a total of 26,854 grant and cooperative agreement actions worth approximately $6.99 billion dollars. Additionally, HRSA made 7,202 scholarship and loan repayment awards worth approximately $294 million dollars. To improve efficiency and enhance customer service to grantees, HRSA streamlined and further automated the Funding Opportunity Announcement (FOA) process including the development of a standard Application Guide to be used with all HRSA FOAs.

In FY 2013 HRSA executed 2,341 contract actions and 114 Reimbursable Agreements (RAs) totaling approximately $286.7 million dollars. HRSA exceeded the Small Business Administration's goal of awarding 25 percent of total contract actions to small businesses and significantly exceeded the goals on efficient spending as set in the Executive Order on Promoting Efficient Spending that directed each agency to reduce spending in select administrative categories by 20 percent. For example, the Office of Management and Budget charged agencies to eliminate excess conference spending and in FY 2013 HRSA reduced conference spending by over 70 percent based on FY 2010 spending levels.

HRSA Workforce Development. HRSA undertook several activities to ensure that skilled and motivated staff are on board to advance HRSA's Strategic Plan as indicated by the following examples. HRSA: (1) developed, through the HRSA Learning Institute, training certificates for key positions in the agency including project officers, grants management specialists, and supervisors, as well as made improvements to the Federal Acquisition Certification program for Contracting Officer Representative, (2) instituted a tiered model of leadership development, including the Aspiring Leaders Program (up to GS-11), a Mid-Level Leadership Program (GS-12/13), a Senior Leadership Fellows Program (GS-14/15), and Executive Development Resources (Senior Executives and aspiring Senior Executives), and (3) designed and implemented a Human Resources (HR) website and blog as an internal communication tool on HR related topics. In July 2013 HRSA's HR program received a positive audit by the Office of Personnel Management. Some of the model processes recognized by the auditors included:

streamlined vacancy templates and standardized assessments for HRSA Mission Critical Occupations; comprehensive staffing and recruitment Standard Operating Procedures; and a two tier quality review process for all HRSA vacancy announcements and selections.

Program Integrity. HRSA has enhanced program integrity efforts by identifying high-risk grantees and monitoring them through their audit reports and assisting them in resolving their audit findings by providing technical assistance workshops to improve their understanding of appropriate fiscal management of federal funds. HRSA implemented a grantee oversight and management resources initiative that included developing Standard Operating Procedures (SOPs) for all grant programs, including an enhanced site visit planning component to ensure that site visits were selected based on risk criteria identified in the SOPs and that the Agency was efficiently using travel resources. Further, in FY 2013 HRSA's compliance with the HHS management accountability and control guidance far exceeded departmental requirements with no material weaknesses identified within the HRSA control structure.

Information Technology. In FY 2013 HRSA received the highest rating on OMB's Chief Information Officer IT Dashboard for major IT investment management practices. In addition, HRSA: (1) provided training on records management procedures to HRSA IT users through the Records Management program to ensure staff's compliance with federal information management requirements, (2) deployed an enterprise-wide Site Visit Handbook as an automated tool for project officers and managers to manage and generate site visit information and reports and assess grantee compliance with program policies in real time, (3) consolidated multiple call centers into one center to improve contact center management expertise, standardize technology and tools to support center management, and reduce costs through the sharing of staffing resources, and (4) increased by 75 percent from FY 2012 the use of Adobe Connect, HRSA's primary web-based meeting tool, logging 6.7 million meeting minutes.

HRSA Systems and Processes. Through changes in review processes, customer service enhancements and system improvements, HRSA experienced greater productivity, effectiveness, and efficiency in FY 2013. Examples include: (1) The National Practitioner Data Bank completed a merger with the Healthcare Integrity Protection Data Bank, removing IT system redundancy and reducing user costs, and instituted system enhancements such as streamlining the registration renewal process. (2) The Health Center Program significantly streamlined the Program's continuation application process, resulting in an estimated 75 percent reduction in submission and processing time and improved program accountability through increased performance reporting. In addition, HRSA: (1) enhanced program oversight of the 340B Drug Pricing Program by conducting 94 audits to ensure that covered entities and their contract pharmacies are complying with Program guidelines, (2) developed an electronic invoice tracking system that streamlined the submission and processing of vouchers, decreasing errors and processing time, (3) established an in-house application processing unit for Bureau of Clinician Recruitment and Service programs, resulting in savings of $2.42 million, (4) conducted 96 percent of all Objective Review Committee evaluations by web-based teleconferences or by field reviews, resulting in significant savings: e.g., the virtual review of Health Center New Access Point applications achieved estimated savings of $900,000, (5) completed 383 operational site visits of health centers, significantly exceeding the goal of 300 visits, (6) released dynamic, individualized health center grantee profile webpages for greater performance accountability, allowing health centers and the general public to benchmark/compare health center performance. Further HRSA supported workforce diversity by increasing by 25 percent partnerships with institutions aligned with the Hispanic community to increase their understanding of HRSA's work and job openings, and by implementing a new way of providing interpreting services, known as Video Remote Interpreting, to reduce communication barriers for employees who are deaf or hard of hearing.

Communications. With the continued rollout of the ACA, HRSA handled hundreds of inquiries from members of the press in FY 2013, meeting requestors' needs for prompt information while also promoting HRSA's interests and mission. HRSA also continued to expand and improve the use of digital media to efficiently, effectively and economically disseminate information on HRSA programs, policies, and resources. The 12 sub-sites that comprise HRSA's public-facing information based website had 9,296,895 page views. HRSA launched a condensed version of the site for smartphones, expanding access to information about HRSA programs, policies, and resources. HRSA's Facebook likes and Twitter followers increased in FY 2013 and HRSA's YouTube channel charted 453,279 views and 1,001,395 minutes watched. HRSA produced 84 webcasts, with 51,705 total viewers.

Collaborations. HRSA programs engage in partnerships and cooperative alliances with outside entities in order to advance HRSA's strategic goals, manifesting a guiding principle expressed in the Strategic Plan.

Examples of areas in which HRSA partnered with other HHS agencies to address shared concerns include:

- The Ryan White Program and the National Institutes for Health (NIH) brought together NIH Adolescent Treatment Network (ATN) grantees and Ryan White HIV/AIDS Program grantees to assure that interventions developed by the ATN are implementable in clinic settings, and to develop an evidence base to support Ryan White Program grantees' use of promising practices.

- The Health Center Program collaborated with the Substance Abuse and Mental Health Services Administration and the Veterans Administration on a mental health pilot to increase behavioral health access for veterans, providing technical assistance and support for over 20 pilot sites.

- The HRSA-supported Regional Collaborative for the Pacific Basin leveraged resources of the Centers for Disease Control and Prevention's (CDC) Division of Tuberculosis Elimination and CDC's Immunization Services Division to address the prevention and management of communicable diseases in the Pacific Basin.

- HRSA continued to collaborate with CDC's National Center on Birth Defects and Developmental Disabilities to coordinate autism activities. HRSA also participates in the Interagency Autism Coordinating committee which in particular entails close collaboration with the National Institute of Mental Health.

Examples of collaborations with other Federal departments and other entities include:

- HRSA's Office of Rural Health Policy collaborated with the Veterans Administration (VA) and the HHS Office of National Coordinator for Health Information Technology to identify pilot sites for health information exchange between private rural providers and the VA to enhance care coordination for rural veterans. By the end of FY 2013, this collaboration launched pilot projects in ten communities across four states: Iowa, Florida, Nebraska, and Minnesota.

- HRSA collaborated with the U.S. Department of Agriculture (USDA) to promote USDA's Supplemental Nutrition Assistance Program by distributing informational materials at HRSA's National Health Service Corps sites, which are located in underserved areas and have patient populations that likely meet the requirements for food assistance program.

- HRSA partnered with the National Association of City and County Health Officials and with the Centers for Medicare and Medicaid Services and the Centers for Disease Control and Prevention on webinars to educate local health departments on the ACA, focusing on state health departments' involvement in state innovation model planning and implementation.

- HRSA helped the White House host a roundtable on facilitating veterans' transition to civilian careers. Topics explored included strengthening the military to civilian healthcare career ladder, adapting civilian education to build on military training and experience, and improvement employment and licensure strategies for veterans.

- HRSA collaborated with the National Academy for State Health Policy to produce educational products on cervical cancer screening, including hosting a national webinar for community health center patients and development of the issue brief, *A Medical Home Framework for Increasing Cervical Cancer Screening Rates: Best Practices for FQHC.*

- HRSA's Office of Rural Health Policy, under the auspices of the White House Rural Council, partnered with Grantmakers in Health and the National Rural Health Association to create the Rural Health Philanthropy Partnership. The Partnership, which includes more than 30 state, regional and national foundations and trusts with an interest in supporting health care projects in rural communities, provides a forum for sharing information, resources and expanding the rural health evidence base. In FY 2015 the Partnership will include an aligned funding project to focus on improving care coordination in rural communities.

APPENDIX

HRSA STRATEGIC PLAN, FY 2010-2015
VISION, MISSION, GOALS, SUB-GOALS AND GUIDING PRINCIPLES

Vision
Healthy Communities, Healthy People

Mission
To improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs.

Goal I: Improve Access to Quality Health Care and Services

Sub-goals

a. Assure a medical home for populations served.
b. Expand oral health and behavioral health services and integrate into primary care settings.
c. Integrate primary care and public health.
d. Strengthen health systems to support the delivery of quality health services.
e. Increase outreach and enrollment into quality care.
f. Strengthen the financial soundness and viability of HRSA-funded health organizations.
g. Promote innovative and cost-efficient approaches to improve health.

Goal II: Strengthen the Health Workforce

Sub-goals

a. Assure the health workforce is trained to provide high quality, culturally and linguistically appropriate care.
b. Increase the number of practicing health care providers to address shortages, and develop ongoing strategies to monitor, forecast and meet long-term health workforce needs.
c. Align the composition and distribution of health care providers to best meet the needs of individuals, families and communities.
d. Assure a diverse health workforce.
e. Support the development of interdisciplinary health teams to improve the efficiency and effectiveness of care.

Goal III: Build healthy communities

Sub-goals

a. Lead and collaborate with others to help communities strengthen resources that improve health for the population.
b. Link people to services and supports from other sectors that contribute to good health and wellbeing.
c. Strengthen the focus on illness prevention and health promotion across populations and communities.

Goal IV: Improve health equity

Sub-goals

a. Reduce disparities in quality of care across populations and communities.
b. Monitor, identify and advance evidence-based and promising practices to achieve health equity.
c. Leverage our programs and policies to further integrate services and address the social determinants of health.
d. Partner with diverse communities to create, develop, and disseminate innovative community-based health equity solutions, with a particular focus on populations with the greatest health disparities.

Principles

1. Value and strengthen the HRSA workforce and acknowledge our HRSA colleagues as the critical resource in accomplishing our mission.
2. Strengthen the organizational infrastructure, and excel as a high performing organization.
3. Maintain strong fiscal and management systems.
4. Encourage innovation.
5. Conduct and support high quality scientific research focusing on access to services, workforce and innovative programs.
6. Focus on results across the population, by using the best available evidence, monitoring impact and adapting programs to improve outcomes.
7. Partner with stakeholders at all levels- from individuals, families and communities to organizations, States and tribal organizations.
8. Use place-based strategies to promote and improve health across communities.
9. Build integrated approaches to best meet the complex needs of the populations served.
10. Harness technology to improve health.
11. Operate on the fundamental principles of mutual respect, dedication to our mission, and the well-being of the American people as our top priority.

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